

Colonial Life Insurance Company (Trinidad) Limited
29 ST VINCENT STREET, PORT OF SPAIN
ULCER QUESTIONNAIRE

When was ulcer diagnosed?

Name of Physician consulted

Was a barium meal done?

Type of ulcer - duodenal, gastric or oesophageal?

Was the cause of ulcer discovered? Give details

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Give details of treatment and duration of same.....

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Was surgery ever recommended?.....

If yes, give details.....

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When did you last visit your physician for this condition?

Are you still on treatment?.....

Were you ever advised to abstain from tobacco/alcohol beverages?

Are you on a restricted diet?

Are you now completely free of symptoms?

I DECLARE that the above statements are, complete and true, and agree that they shall form part of my application for the policy.

PROPOSED INSURED

DATE